UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1990/P/L.13
12 February 1990

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Haiti

The Executive Director recommends that the Executive Board approve an amount of $7,305,000 from general resources, subject to the availability of funds, and an amount of $12,065,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Haiti for the period mid-1990 to mid-1995.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

best copy available

CONTENTS

Page

THE SITUATION OF CHILDREN AND WOMEN 3

PROGRAMME CO-OPERATION, 1988-1989 5

RECOMMENDED PROGRAMME CO-OPERATION, MID-1990 TO MID-1995 8

BASIC DATA 15

List of tables

1. Breakdown of actual expenditure for general resources and supplementary funding under previous co-operation period, 1988-1989 17

2. Planned expenditure for general resources, new supplementary funding and funded supplementary funding 18

3. Staffing from budget and programme funds 19

THE SITUATION OF CHILDREN AND WOMEN

1. Since 1988, the political situation in Haiti has been subject to many difficulties characterized by three changes of Government, strikes, instability, unrest and some violence. This has seriously affected children and women who were already in a very precarious situation following 30 years of dictatorship. There is no immediate prospect of an end to the present uncertainties.

2. The population of Haiti, estimated at 6.3 million, is the poorest in the Western hemisphere with an annual per capita income of only $332. The value of the national currency, the gourde, has fallen dramatically against the United States dollar over the last three years. This has led to a flourishing black market which the Government has difficulty in controlling. Some shops and factories have closed their doors, with consequent adverse effects on employment. The International Labour Organisation (ILO) estimates that unemployment in Port-au-Prince and other cities affects more than half the population. Economic conditions have deteriorated to such an extent that approximately 1 million native-born Haitians are now living abroad.

3. Agriculture is the predominant sector, accounting for two thirds of all occupations (subsistence and wage employment), yet only one third of the gross national product and 50 per cent of export revenues. Food production has seriously declined because of heavy pressure on available cultivable lands. Population density reaches 400 per square kilometre in certain areas. Deforestation and erosion have impoverished a once very fertile island with little chance of returning to a more favourable ecosystem. Rainfall, as well as underground water levels are decreasing, rivers are dry or drying. Once a major rice and sugar exporter in the region, Haiti now relies on food imports and food aid. Agriculture is further affected by the importation of contraband goods which undersell Haitian products.

4. As a direct result of the decline of agriculture and poor service coverage in rural areas, a rural exodus is taking place. The population of Port-au-Prince has increased by an estimated 15 per cent in the last three years. Those moving to the towns tend to leave some family members behind in the rural areas, thus increasing the number of divided families and households headed by women who have become the sole financial support for their children.

5. The health status of women is poor. A woman's life expectancy is only 57 years, and maternal mortality is as high as 340 per 100,000 live births. Some 38 per cent of women are seriously anaemic as a result of iron deficiency and many are malnourished.

6. Neonatal tetanus, severe diarrhoeal diseases, measles, tuberculosis, acute respiratory infections (ARI) and malnutrition are the major causes of child death and incapacitate many of those children who manage to survive. Malnutrition is serious. Recent data from the World Bank and the Haitian Institute of the Child indicates that 67 per cent of children under five years old are malnourished: 4 per cent severely; 24 per cent moderately; and 39 per cent mildly malnourished.

Moreover, 17 per cent of infants are born with low birth weight. The high incidence of tuberculosis and diarrhoea is also cause for concern. Only 30 per cent of the population in rural areas and 59 per cent in urban areas have access to safe drinking water. In addition, hygiene and sanitary conditions are extremely poor.

7. Estimates of the number of women infected with acquired immunodeficiency syndrome (AIDS) vary between 9 and 12 per cent. Approximately 90 per cent of children who tested positive for the human immunodeficiency virus (HIV) were infected through mother-child transmission. However, since it is not possible to test all children for seropositivity, death and illness may sometimes be attributed to such diseases as diarrhoea or tuberculosis when, in fact, AIDS may have been responsible.

8. As a result of all those factors, 171 Haitian children out of every 1,000 children will never reach five years of age and 116 infants out of every 1,000 live births will die in their first year, 43 per cent of them within their first three months of life.

9. The immunization programme has shown good progress over the past decade, with coverage rates doubling in the case of measles and more than tripling for diptheria/pertussis/tetanus (DPT) and oral polio vaccine (OPV). The most recent coverage rates are 45 per cent for anti-tuberculosis vaccine (BCG), 59 per cent for measles, 49 per cent for DPT and 48 per cent for OPV. Broader coverage would have been possible were it not for management problems and the lack of personnel.

10. Only 37 per cent of children aged 6 to 12 years old finish primary school and a mere 18 per cent of 12- to 18-year-olds are enrolled in secondary programmes. Some 60 per cent of all schools in Haiti are private. Tuition costs a minimum of $38 in fees per child per year for both private and public institutions. Enrolment rates at entry level are similar for boys and girls, but the rate of abandonment is much higher for girls. About 30 per cent of children abandon school by the end of the first grade and 15 per cent each year thereafter. Only 15 per cent of pre-primary children (ages 5 to 6 years) are presently covered by pre-school services.

11. Recent surveys indicate that more women than men are moving from rural areas to towns. This migration further overpopulates shanty-towns which are characterized by poor sanitation, garbage piles, lack of sewage and frequent flooding of houses and streets.

12. Whether they remain in impoverished rural areas or move to shanty-towns, children endure broken families and often live without their mothers. They lack access to basic services such as health, education, social protection and, above all, do not receive proper parental protection or guidance. They are at risk of becoming abandoned, neglected, abused, exploited as workers, or of becoming street children. Their chances of harmonious development become grossly impaired from the start. They are among the growing number of children in especially difficult circumstances.

READEX FICHE

PROGRAMME CO-OPERATION, 1988-1989

13. UNICEF co-operation during the 1988-1989 country programme was principally in the areas of child survival and development (CSD), including health, education, water and environmental sanitation. In addition, a programme was developed to help children in especially difficult circumstances.

Expanded programme on immunization

14. Co-ordinated by the Ministry of Health, with the support of the World Health Organization/Pan American Health Organization (WHO/PAHO), the United States Agency for International Development (USAID), French Co-operation, Rotary International and UNICEF, the expanded programme on immunization has managed to raise immunization coverage to very satisfactory levels in a difficult period.

Type of vaccines	1980 (%)	1986 (%)	1988 (%)	Percentage increase between 1986/1988
BCG	20	75 a/	45	- 40
OPV (three doses)	12	31	48	+ 55
DPT (three doses)	12	27	49	+ 81
Measles	20	22	59	+168

a/ In 1986, a special programme was carried out to immunize children against tuberculosis.

15. Despite the unstable socio-political situation, a lack of personnel and problems in management, the trends in coverage rates indicate that EPI is on track for achieving the goal of universal child immunization (UCI) by 1990. The achievement of mobilizing 50,000 volunteers for national vaccination days in a country with a limited tradition of community participation indicates the support that exists for the programme.

Promotion of oral rehydration and breast-feeding

16. This programme, co-ordinated by the Ministry of Health, has been supported by WHO/PAHO, USAID and UNICEF.

17. Approximately 770,000 locally manufactured packets of oral rehydration salts (ORS) were distributed annually to health facilities through massive campaigns and private sales. This was supported by a mass media campaign aimed at informing the public about how to avoid diarrhoeal diseases and treat dehydration. Unfortunately, the programme did not achieve optimal results. Although most women know about oral rehydration therapy (ORT), only 20 per cent actually use ORS. Low usage levels have been attributed to distribution problems and the resistance of medical and paramedical personnel. The promotion of breast-feeding has also been

unsatisfactory despite vigorous mass media campaigns, most probably because of the widespread availability and aggressive advertising of a wide range of baby food products. However, cultural beliefs and practices have also been an obstacle. The rapid decline in exclusive breast-feeding appears to result from a combination of misinformation and lack of information, and the next programme will focus on these obstacles.

Early childhood development and education

18. Four projects were supported under this area of activity. Some 10,000 children in 200 public pre-school centres benefited from assistance to teacher training, the strengthening of supervision and the development and production of materials. A closely associated project, provided support to a programme supported by a non-governmental organization (NGO) for early childhood development, Ti Moun Byen Vini (Healthy Children), for the improvement of privately run pre-school services. An innovative feature of this project was the selection of persons by the community to be trained as monitors in pre-school centres, which made parents and communities more aware of the need for stimulation in the early stages of childhood. A third project, Konesans Fanmi Se Lespwa Ti Moun (Family Knowledge is the Child's Hope), focused on parental education. This intense national campaign was designed to sensitize parents on factors affecting CSD through the production of educational kits for use by teachers and health workers. The project involved 22 health and educational institutions from the private and public sectors, and was supported by 25 radio stations, four newspapers and two television stations. Encouraging progress has been made on the fourth project, which aimed at the development of a national policy on the young child.

Adult literacy

19. This project suffered set-backs because of the year-long closure of the national institute responsible for adult literacy which resulted from the political situation. However, an agency sponsored by the Catholic Church continued with the programme with direct UNICEF support. Some 4,500 illiterates have received instruction, and a further 64,000 are expected to enrol.

Rural basic services

20. This programme, which began as a water and sanitation project, has successfully developed a basic services approach through the inclusion of health, education and social communications components. Based in Leogane, the project covers 102,000 inhabitants and is executed through the collaboration of the National Water Service and an NGO. In addition to UNICEF, funding was provided by USAID (for the PHC component), the Government of Canada and Rotary International. The water and health components of the project have been particularly successful, with 50 per cent of the inhabitants in the programme area now having access to safe drinking water as compared with only 10 per cent in 1987. The number of community health agents has more than doubled in the past two years and the entire population of Leogane is now served with door-to-door primary health care (PHC).

21. As a result, there is almost total immunization coverage of 0- to 1-year-olds. The number of new latrines has also increased considerably in the area with the addition of 800 new units in the 1986-1989 period.

Urban basic services

22. This programme was developed to respond to the growing needs of women and children in poor urban areas who were marginalized from basic services such as health and education. A package of services was designed for 30,000 people living in shanty-towns in Port-au-Prince and Pétion-Ville. The project is the responsibility of the Ministry of Social Affairs which has established a close working relationship with the NGOs which are the main executing agencies.

23. As a result of the advocacy and follow-up carried out in this project, the Government has endorsed the UNICEF basic services strategy as the cornerstone of a new national poverty programme. The programme aims to lessen the adverse effects of extreme poverty on women and children and is the first development of its kind in Haiti. The emergence of community participation in the provision of services is a notable factor.

24. A project for children in especially difficult circumstances has emerged from the urban programme. Executed by an NGO under the aegis of the Ministry of Social Affairs, it aims at assisting children who have been totally marginalized from their families and society - abandoned, abused and homeless children living in the shanties of Port-au-Prince and Pétion-Ville. The programme aims to provide them with education, job skills and social protection.

Analysis of past performance

25. Although the past programme period occurred in an unfavourable socio-economic environment and at a time of political change, considerable progress was made, especially in the CSD area. Particularly significant was the dramatic increase in the immunization coverage of 0- to 1-year-olds for most antigens. The successful mobilization of 50,000 volunteers nation-wide in support of national vaccination days stands out as an excellent example of social mobilization. Such popular support for the programme indicates that the issues surrounding CSD are at the forefront of national consciousness. The programme also proved the effectiveness of strategic alliances forged between the Government, the Church, NGOs, community organizations and other groups.

26. The emergence of community participation in basic services programmes bodes well for the community-based approach. Much of its success can be attributed directly to the social mobilization strategy carried out during the programme period. As a result, a new awareness of problems faced by children and women led to the creation of an innovative national poverty programme and the possible development of an official government policy on children and women.

27. Despite the successes achieved in advocacy, information and social mobilization, additional efforts are required to break down resistance towards early and prolonged breast-feeding and the use of ORS. Past performance indicates

that it is possible to make progress towards a better life for children even in the context of political and economic upheaval and that advocacy and social mobilization must serve as the foundation for all future strategies for children. These two clear lessons have guided the development of the new country programme.

RECOMMENDED PROGRAMME CO-OPERATION, MID-1990 TO MID-1995

Recommended general resources: $ 7,305,000
Supplementary funding: $12,065,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health			
Immunization	966	1 500	2 466
Control of diarrhoeal diseases	300	630	930
Other health	-	2 200	2 200
Subtotal	1 266	4 330	5 596
Water supply and sanitation	-	600	600
Education	-	1 900	1 900
Young child development	1 237	-	1 237
Women centred programme	-	910	910
Children in especially difficult circumstances	-	1 080	1 080
Area based			
Urban	1 676	1 385	3 061
Rural	1 591	1 860	3 451
Programme support	1 535	-	1 535
Total	7 305	12 065	19 930

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

Country programme preparation process

28. Programme preparations were carried out in close collaboration with relevant technical ministries and co-ordinated with the Ministry of Planning. A situation analysis, programme review and technical discussion led to the development of a strategy paper that elaborated specific project proposals for inclusion in the new country programme. Meetings were held with government officials, donor agencies, NGOs and representatives of religious groups.

Overall goals and strategies

29. The new programme of co-operation will seek to build on the achievements of prior co-operation and to maintain momentum in CSD, water and sanitation and basic services in urban and rural areas. The programme aims to reduce infant mortality from 116 to 75 per 1,000 live births by 1995; reduce under-five mortality from 171 to 110 per 1,000 live births by 1995; and reduce maternal mortality from 340 to 150 per 100,000 live births by 1995.

30. These goals will be achieved by implementing a set of interrelated projects at both national and area-based levels. Building on the current programme, all projects will be supported by advocacy, information and social mobilization and by strategic alliances with public and private institutions at all levels. In addition, national capacities to deliver services through both formal and non-formal channels will be reinforced. A key element of the strategy will be community participation for the provision of expanded service. The principles of feasibility, affordability and sustainability underlie the design of all national and area-based programmes.

Expanded programme on immunization

31. In co-operation with the Ministry of Health, an inter-agency co-ordinating committee comprised of WHO/PAHO, USAID, Rotary International and UNICEF will continue efforts to achieve UCI for children under one year of age by 1990. This will involve the immunization of 162,000 children annually. A further objective is to ensure that 90 per cent of women of reproductive age are vaccinated against tetanus.

32. The strategies to be used in achieving the objectives will be those that have proven so successful in raising immunization coverage in the past. Routine vaccination will be carried out in health facilities, and mobile outreach teams will cover isolated population groups. National vaccination days will be organized using the nation-wide mobilization of volunteers that has been so effective in the past. Information and mobilization campaign will be aimed specifically at areas of low immunization coverage.

33. UNICEF will provide cold-chain equipment and vaccination supplies, as well as technical and material support to social mobilization. Health workers will be trained and supervision and logistics will be strengthened.

Maternal and child health

34. This programme covers antenatal care, growth monitoring/nutrition, the reduction of iron and vitamin A deficiencies and the strengthening of MCH services in health facilities. Specific objectives for the programme period include the reduction of severe malnutrition by 15 per cent; the reduction of low birth weight by 23.5 per cent; using growth monitoring charts for 100 per cent of 0- to 2-year-olds; and the distribution of vitamin A and iron folate supplements to 500,000 children and 205,000 women of child-bearing age.

35. The strategies to be employed for the achievement of these objectives will include the intensive promotion of breast-feeding and proper weaning practices through advocacy and information campaigns. The strengthening of MCH through the training and ugrading of health workers will contribute to improving antenatal care with a resultant drop in low birth weight and maternal mortality. The use of the growth monitoring chart should lead mothers to increase breast-feeding and use better and more appropriate weaning foods.

Prevention of the transmission of acquired immunodeficiency syndrome (AIDS)

36. This new area of co-operation has been developed in response to the increased incidence of AIDS in children. Through information and advocacy, the project aims to inform leaders and the general population of the special needs of children and women with AIDS. The programme will also stress the importance of using precautionary measures to prevent the transmission of AIDS.

37. AIDS messages will be conveyed by the mass media and by the training of health workers in counselling and treatment methods. Other programmes receiving UNICEF co-operation will incorporate information on the disease.

Control of diarrhoeal diseases

38. The principal objective of this project will be to reduce mortality rates from diarrhoea in children under five years old from 27 to 13.5 per 1,000 live births by 1995. This goal will be pursued through a concerted multisectoral health education and social communications strategy employing the mass media, as well as institutional and person-to-person techniques. The project will educate parents in the prevention and treatment of diarrhoeal diseases.

39. The strategy will be complemented by activities designed to ensure availability of ORS in every household or, failing that, ensuring parental knowledge of the preparation of home solutions.

40. The continuous in-service training of health personnel and the establishment of 6,000 community ORT units to be run by mothers, community health workers and others with ORT training, will be a cornerstone of the strategy.

Control of acute respiratory infections

41. ARI is the second cause of child deaths in Haiti, after diarrhoeal diseases. This project aims to reduce the under-five mortality rate (U5MR) from ARI by 12.5 per cent by 1995.

42. UNICEF will support the Ministry of Health in developing guidelines for the treatment of ARI, which will be integrated into training and manuals. Some 1,600 health personnel will be trained in these guidelines. The activities will be integrated into the health care system in order to achieve national coverage within three years. An information campaign will provide families with knowledge about prevention, home care and when to seek professional assistance.

43. Assistance will also provide for the installation of basic equipment and antimicrobials in health units. Since ARI can be complicated by diarrhoea, malnutrition and other diseases, interventions aimed at those disorders will complement actions aimed at ARI.

Children's pastoral

44. The Catholic Church is the most influential institution in Haiti (80 per cent of the population are Catholic). It is, therefore, a powerful ally in the fight for CSD. In addition to its pastoral role, the Church operates a health service network that serves almost 30 per cent of the population. It also organizes radio programmes and publishes periodicals and other communications materials.

45. UNICEF will support Church activities in CSD and will work with the Church to provide families with essential information on child health disease and to save lives and reduce malnutrition.

46. UNICEF will support the training of local personnel in CSD and will assist in the development and production of communication materials and the provision of supplies to health units.

Early childhood development and education

47. Less than 10 per cent of children aged three to six years are enrolled in pre-schools. This project aims at establishing a national policy and structure for early childhood development and education. The project will build on positive experiences in past community participation programmes, and the Konesans Fanmi Se Lespwa Timoun (Family Knowledge is Children's Hope) programme will continue to sensitize parents about factors affecting the survival and development of their children.

48. UNICEF will continue to provide advocacy and technical assistance to the development and adoption of the new national policy on the young child and will support curriculum development, the production of resource materials and the training of pre-school staff.

Water and sanitation

49. Only 30 per cent of the rural Haitian population have access to safe drinking water. Water-borne diseases have resulted in a U5MR of 27 per 1,000 live births from diarrhoea alone.

50. This project will complement the control of diarrhoeal diseases (CDD) project to halve the mortality rate by 1995. The provision of drinking water adjacent to homes will also reduce the burden of water fetching on women and children.

51. UNICEF supplementary funding will support the extension of water and excreta disposal systems to serve 150,000 people over the next three years. Drilling, hand-pump installation, spring capping and cistern construction will bring 64 new water points into operation. Latrine construction, as well as community sensitization and training on water use, hygiene and system maintenance and repair, will also be promoted. UNICEF will support the strengthening of organizational and managerial capacities in the water sector at both the local and national levels.

Women in development

52. Because most Haitian women live in absolute poverty, and because women head at least 42 per cent of households, special interventions on their behalf are imperative.

53. This project will aim to strengthen the institutional framework of women's organizations emerging at national, regional and local levels. Support will be given to specific programme interventions aimed at improving the health status of women by reducing maternal mortality rates through the promotion of antenatal and general self-care as a complement to the MCH project; improving the economic status of 100,000 women by supporting income-generating activities; reducing early pregnancies and low birth weights; and reducing female illiteracy.

54. UNICEF will support advocacy, training and information activities. Income-generating projects will be supported in association with ILO.

Adult literacy

55. This project will provide literacy classes for 200,000 adults over the five-year period of the programme. Methodologies tested and proven in the last programme of co-operation will continue. Misyon Alpha, the Church-associated NGO which has been executing the project, will continue its active role under the co-ordination of the Ministry of Education. CSD messages will be incorporated into the syllabus in order to empower families with the knowledge of basic health care practices.

56. UNICEF will fund the training of literacy teachers and the production of teaching and learning materials.

57. While national-level programmes such as EPI and CDD extend throughout the country, integrated basic services programmes at the local level will be developed

to intensify and complement national efforts through community participation. These area-based programmes will reflect the national-level programme and thus contribute to the achievement of country programme objectives.

Rural integrated basic services

58. This project aims at providing basic services to 292,000 beneficiaries in the Leogane, Petit-Goave and Grand-Goave areas. It is essentially an expansion of the Leogane project which successfully reached 102,000 inhabitants with PHC, including water and sanitation, in the last programme period.

59. With community participation as a key element, project activities will focus on PHC, water and sanitation, female literacy, pre-school services, women's activities and communication, recreation, information and culture. PHC activities will deliver door-to-door health care by community health agents to the entire population of the area (292,000). Water supply and sanitation will extend to an additional 130,000 people through a combination of ground- and surface-water technologies. Female literacy classes will reach 15,000 participants. Pre-school services will be provided for 12,400 pre-primary-age children by 1995. Women's activities will disseminate health information designed to empower women with knowledge of their own and their children's health, as well as promote income-generating activities. Health care and social improvement will be encouraged through communication, recreation, information and culture activities.

60. The active involvement by NGOs, religious groups and co-operatives will be a key element of the strategy. UNICEF will provide technical assistance, supplies, equipment and training.

Urban integrated basic services

61. This project will focus on deprived urban areas of Port-au-Prince. Integrated basic services will be provided to 400,000 people, the majority of whom are living in a state of absolute poverty, in marginal zones of the capital city.

62. The programme will concentrate on PHC, water and sanitation, female literacy, pre-school services and community mobilization. PHC activities will involve the training of community health agents to provide door-to-door services to 150,000 people along the lines of the successful Leogane model. Water supply and sanitation will be provided to 100,000 people through rainwater catchment systems and public stand-pipe connections. Female literacy classes will be organized for 3,000 participants per year (15,000 over the programme period). Pre-school services will be organized for 7,500 young children on the successful community participation model of the last programme. Community mobilization for development will be carried out through communication, recreation, information and culture committees.

63. UNICEF will provide technical assistance, supplies, equipment and funds for training. Advocacy at the national level, within the framework of the national poverty alleviation programme, will raise awareness of needs and institutionalize the urban basic services approach to alleviate poverty.

Children in especially difficult circumstances

64. As a result of socio-economic pressures imposed by the unremitting poverty, the numbers of children in especially difficult circumstances have been growing. It is estimated that 120,000 children work as domestics, 12,000 children are in institutions and 10,000 are street children. Many children are being neglected, abandoned and physically, mentally and sexually abused.

65. This project will continue activities begun in the last period of co-operation and aims to ameliorate the conditions of 30,000 children in difficult circumstances through the provision of education, skills training and basic services in Port-au-Prince, Cap Haitien and Cayes. Efforts will be made to reintegrate children into society and to reunite the families of institutionalized children.

66. UNICEF will intensify advocacy efforts in order to raise popular awareness and stimulate action within the framework of the national poverty programme and the Convention on the Rights of the Child. UNICEF will provide support for training, supplies and social mobilization, as well as for a situation analysis of the exact dimensions of the problem.

Programme support

67. Information and communication will form the foundation of the overall programme. UNICEF specialists will develop information and communications activities and will closely monitor and follow up on implementation.

68. Some of the costs of administrative and support staff to strengthen the UNICEF office capacity to manage programme co-operation will be borne by the programme. Funds have also been allocated to provide technical assistance for the preparation of the next country programme and to support monitoring and evaluation activities.

Monitoring and evaluation

69. Each project has its own system for monitoring and evaluation, featuring monthly in-house reports and quarterly implementation reviews with counterparts. Many projects incorporate studies and surveys which generate more accurate and reliable data in order to better measure programme progress. A mid-term country programme review will be held to assess performance and decide on changes of strategy that may be required.

Co-operation with other agencies

70. In all projects, UNICEF support is only part of overall development assistance being provided by United Nations agencies, bilateral sources and NGOs. WHO/PAHO, the World Bank, the Food and Agriculture Organization of the United Nations, the Inter-American Development Bank, USAID, the Canadian International Development Agency, French Co-operation, and NGOs, such as Rotary International, are also involved in the area of health. UNICEF collaborates with these agencies in ensuring co-ordination of inputs for the most effective use of resources.

HAITI

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	171	(1988)	Very high U5MR
Infant mortality rate	116	(1988)	Very high IMR
GNP per capita	$360	(1987)	Low GNP
Total population	6 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	184	195	207	215
Infant deaths (under 1)	(thousands)	30	26	25	25
Under-five deaths	(thousands)	44	39	37	37
Under-five mortality rate (per 1,000 live births)		241	197	181	171
Infant mortality rate (under 1) (per 1,000 live births)		163	133	122	116

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1978/1984)	Moderate & severe	27	..
	Severe	3	5*
Babies with low birth weight (%, 1978)		17	..
Children completing primary level (% of first grade, 1986)		..	15

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1988)		90*/71*/29*	92*/80*/..
Prevalence of wasting (%, 1978)		17	..
Prevalence of stunting (%, 1978)		51	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		84	84
Food production per capita index (Index 1979-1981=100, 1980/1988)		99	89
Household expenditure (% of total income)	All food/cereals	../..	../..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			14
Access to health services	Total	..	50*
(% of population, 1988)	Urban/rural	../..	../..
Access to safe water	Total	14*	38
(% of population, 1980/1986)	Urban/rural	40*/ 5*	59/30
Access to adequate sanitation	Total	19	21
(% of population, 1980/1986)	Urban/rural	42 /10	42/13
Births attended by trained personnel (%, 1983/1988)		20	40
Maternal mortality rate (per 100,000 live births, 1987)		..	340*

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	60	57	45	45
	DPT	14	19	20	49
	Polio	3	19	28	48
	Measles	..	21	23	59
Pregnant women (%) immunized against	Tetanus	..	56	56	56

HAITI

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	171	(1988)	Very high U5MR
Infant mortality rate	116	(1988)	Very high IMR
GNP per capita	$360	(1987)	Low GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	67/33	78/44
(%, 1980/1987)	Male	72/34	83/45
	Female	62/33	72/42
Secondary enrolment ratio (gross/net)	Total	12/..	18/..
(%, 1980/1987)	Male	13/..	19/..
	Female	12/..	17/..
Adult literacy rate, 15 years & older	Total	22	38
(%, 1971/1985)	Male/female	26/17	40/35
Radio/television sets			
(per 1,000 population, 1980/1987)		19/3	41/ 4

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	4.5	5.4	5.9	6.3	7.8
Population aged 0-15 years	(millions)	..	2.4	2.5	2.6	3.1
Population aged 0-4 years	(millions)	..	0.8	0.9	0.9	1.1
Urban population (% of total)		20	25	27	29	37
Life expectancy at birth (years)	Total	47	52	54	55	59
	Male/female	47/49	50/53	52/55	53/57	58/61
Total fertility rate		6.0	5.2	4.9	4.7	4.0
Crude birth rate (per 1,000 population)		41	36	35	34	30
Crude death rate (per 1,000 population)		18	15	13	13	10

		About 1980	Most recent
Contraceptive prevalence rate			7
(%, 1983)			
Population annual growth rate	Total	2.0	1.8
(%, 1965-1980/1980-1988)	Urban	4.0	4.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		0.9	-2.1
(%, 1965-1980/1980-1987)			
Inflation rate (%, 1965-1980/1980-1987)		7	8
Population in absolute poverty	Urban/rural	55/78	65/80
(%, 1977/1987)			
Household income share	Top 20%/bottom 40%	../..	48*/6*
(%, 1983)			
Government expenditure	Health/education	1*/6*	.. /..
(% of total expenditure, 1972)	Defence		..
Household expenditure	Health/education	../..	.. /..
(% of total income)			
Official development assistance:	- US$ millions	105	218
(1980/1987)	- As % of GNP	7	10
Debt service			
(% of goods & services exports, 1980/1987)		5	5

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1988-1989

(Thousands of United States dollars)

COUNTRY: HAITI
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $3,677,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	489	853		11	122	143	9	197	620	1204	1824
Water supply and sanitation	142	267	21	1		192	89	90	252	551	803
Nutrition	118								118		118
Education			96		97	17	198	2	391	19	410
Community organization and development	1	2	22	11	254	2	24	13	301	28	329
Young child development		24								24	24
Women-centred programme								1		1	1
Planning and project support	92	1			280		147	46	519	47	566
Freight	155	101							155	101	256
GRAND TOTAL	996	1248	139	23	754	354	467	349	2356	1974	4330

GR = General resources.
SF = Supplementary funding.

/...

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: HAITI Period covered: 1990-1995	Funding status	1990	1991	1992	1993	1994	1995	Total
Health								
Immunization	GR	20	215	198	198	210	125	966
	NSF	250	300	300	300	300	50	1500
Control of diarrhoeal diseases	GR	30	60	60	60	60	30	300
	NSF	65	155	115	110	100	85	630
Other health	NSF	340	540	455	375	305	185	2200
Subtotal, health	GR	50	275	258	258	270	155	1266
	NSF	655	995	870	785	705	320	4330
Water supply and sanitation	NSF	161	294	145				600
Education	NSF	268	437	346	329	323	197	1900
Young child development	GR	170	247	246	221	209	144	1237
Women-centred programme	NSF	111	275	190	150	124	60	910
Children in especially difficult circumstances	NSF		100	281	294	287	118	1080
Area-based programme								
Urban	GR	149	337	340	358	349	144	1676
	NSF	100	310	315	270	245	145	1385
Rural	GR	163	306	321	328	336	138	1591
	NSF	200	350	367	389	369	185	1860
Subtotal, area-based programme	GR	312	642	660	685	685	283	3267
	NSF	300	660	682	659	614	330	3245
Planning and project support	GR	154	307	307	307	307	153	1535
TOTAL	GR	686	1471	1471	1471	1471	735	7305
	NSF	1495	2761	2514	2217	2053	1025	12065
GRAND TOTAL		2181	4232	3985	3688	3524	1760	19370

GR = General resources.
NSF = New supplementary funding.

a/ In addition, an allocation from general resources was made for 1990 ($350,000 for EPI and $200,000 for urban basic services) for approved unfunded supplementary funding programme.

/...

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: HAITI	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	3	515
Local national Professional and General Service established posts	11	669
Operating costs		402
Total	14	1586
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	5	975
Supplementary funds	2	350
Local national Professional and General Service project posts		
General resources	12	740
Supplementary funds	6	470
Total	25	2535

a/ For information soruce, see 1990 post authorization table, revised October 1989.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1990/P/L.14
12 February 1990

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Jamaica

The Executive Director recommends that the Executive Board approve an amount of $1,500,000 from general resources, subject to the availability of funds, and an amount of $4,400,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Jamaica for the period 1990-1994.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

CONTENTS

Page

THE SITUATION OF CHILDREN AND WOMEN 3

PROGRAMME CO-OPERATION, 1988-1989 4

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1994 7

BASIC DATA 13

List of tables

1. Breakdown of actual expenditure for general resources and supplementary funding under previous co-operation period, 1988-1989 15

2. Planned expenditure for general resources, new supplementary funding and funded supplementary funding 16

3. Staffing from budget and programme funds 17

THE SITUATION OF CHILDREN AND WOMEN

1. Jamaica is the third largest island in the Caribbean Sea, with a total land area of 4,411 square miles and 2.4 million inhabitants. The population grew at a rate of 0.4 per cent in 1987, the lowest growth in a decade in which fluctuations peaked at 2 per cent.

2. During the 1980s, negative effects of the structural adjustment programme characterized the social and economic situation of vulnerable groups. The Jamaican dollar was devalued, the number of government workers was reduced by 26 per cent (including 50 per cent of the community health aides) and the public sector deficit was reduced from 19.0 per cent of gross domestic product in 1983 to 6.4 per cent in 1986-1987. Some 40 per cent of total government spending was for debt servicing, thus shrinking the budget available to meet the needs of the people. Consequently, social services have deteriorated and unemployment is high. The situation has been exacerbated by damage to agriculture and the infrastructure caused by Hurricane Gilbert, which struck Jamaica in September 1988.

3. The most serious problems are found among female-headed households, which make up 38 per cent of all homes. In the more urbanized parishes of Kingston and St. Andrew, this figure is 52 and 43 per cent, respectively. The percentage in rural parishes is lower, ranging from 32 to 39 per cent. These women have the sole responsibility for both child care and income generation. While the overall female unemployment rate is 27 per cent, compared with 12 per cent for men, it is as high as 59 per cent among women in the 20 to 24 year age-group. Young women become single mothers while still in their teens - about 28 per cent of all births are to teenagers. Adolescent mothers seldom manage to resume their education and development, and the result is a continuous cycle of poverty.

4. Government and private social service institutions have been unable to cope with the great demands for service. Only 6 per cent of a potential target group of 279,500 children aged 0-4 years have access to recognized day-care services. The day-care problem is evident in frequent reports of unsupervised young children at home and of older children staying away from school in order to take care of their younger siblings. Reports of child abuse are on the rise, the most prevalent forms being neglect, abandonment and sexual and physical abuse. The number of children in need of care and protection who were brought before the courts rose by 38 per cent from 1986 to 1987. The number of street children ranges from 200 to 1,500 in Kingston alone. Efforts to form advocacy organizations for children have been unsuccessful owing to financial constraints and lack of co-ordination.

5. The health of mothers and young children is cause for concern, as Ministry of Health studies show increasing perinatal and neonatal death rates. Full breast-feeding at age six weeks fell from 63 per cent in 1983 to 48 per cent in 1988. Many women seek medical care late in pregnancy, and then make too few visits. Some health facilities lack basic equipment, such as scales for weight monitoring, while all have problems recruiting and retaining staff. Between one third and one half of all health posts are vacant. Immunization has become an integral part of primary health care (PHC), although basic supplies will be

necessary for some time to increase and maintain coverage levels. Many people are misinformed about water- and sanitation-related illnesses.

6. Of 126 known cases of acquired immunodeficiency syndrome (AIDS), 19 are children under five years of age who were infected by their mothers during pregnancy or childbirth. The number of children born with AIDS is 15 per cent of the total number of AIDS cases, compared with 3 per cent in North America and Europe. Activities for the prevention and control of AIDS, which are co-ordinated by the National AIDS Committee, include public education, screening of blood for transfusion and training of health staff. The Government has not requested UNICEF funding for AIDS because assistance is being received from other donors.

7. The Government is developing a five-year plan to be completed by mid-1990. Its policy objectives include a focus on preventive health care, the achievement and maintenance of universal immunization coverage, community participation, adequate day care and pre-schools, encouragement of non-governmental organizations (NGOs) to play an important role in child care and protection activities and improvement of the quality of life of women. The UNICEF five-year country programme was developed in close collaboration with the Government.

PROGRAMME CO-OPERATION, 1988-1989

8. Programme co-operation for the period 1988-1989 focused principally on maternal and child health (MCH) and urban basic services. Co-operation that was programmed through 1992 will be completed in 1990 owing to an increase in the annual affordable planning level.

9. In the area of child health, UNICEF continued its assistance to the national immunization programme in an effort to sustain the country's high levels of immunization. This assistance included radio and television announcements and the involvement of community groups and schools to encourage parents to have their children immunized. Following the destruction caused by Hurricane Gilbert in 1988, co-operation in this area helped to replace damaged cold-chain equipment.

10. Access to and the use of oral rehydration therapy (ORT) increased during the period of co-operation, with ORT now being used in 12 of 18 hospitals and in 240 of 363 health centres. However, problems still exist in the management of hospital cases, although a new reporting system was introduced in 1988 and incorporated into the monthly clinic surveillance report, and with parental acceptance of ORT. UNICEF advocates a preventive approach to the control of diarrhoeal diseases (CDD). Future projects will emphasize clean water education, as studies show that contamination occurs between source and use, and that the people know little about the relationship between water and disease.

11. Results of the child health and education programme are encouraging. The programme provides health education messages to primary schoolchildren through song and dance as part of the school curriculum. It is being implemented in 69 schools in grades 4 and 5, and in 39 schools in grades 1 to 6. The children's

test scores suggest a distinct marked improvement in health knowledge and attitudes. However, this new information does not always appear to replace the older, more traditional ideas and beliefs held by both children and parents, especially in the area of child-rearing values and practices. These findings are being addressed by a consultant who has been hired to field test and finalize the primary school curriculum prepared by the Government and UNICEF for the eventual extension of the project to all primary schools.

12. Social mobilization played an important role in the child health and education programme and involved schoolchildren, community groups, the private sector, NGOs and the media. Radio messages on diarrhoea and immunization were effectively broadcast, but they became too costly. Increased efforts will be made to obtain free air time. The social mobilization experience with respect to immunization is being documented to assist other developing countries.

13. Supplementary funding in 1989 enabled urban basic services and community development to get under way. Leadership training was provided, and income-generating activities, linked with day care, are ongoing.

14. The high-risk children project, initiated in 1989, is providing training in the detection and treatment of high-risk and abused children; preventive and curative services for those children and their parents; and research. UNICEF has also collaborated with NGOs on viable alternatives for street children.

15. Handicapped women and adolescent mothers are particularly disadvantaged when it comes to employment. Their needs are being addressed through the training of 300 women in woodwork and leather craft over the period 1988-1991, and products are sold through an existing marketing system for the disabled where credit is available. UNICEF also supports a programme to train adolescent mothers in vocational skills and parenting and to help them return to school after childbirth.

16. The institution-based system for monitoring the status of vulnerable groups (1988-1990) is developing a select group of indicators that rapidly monitor the health and well-being of mothers and children. This system is complemented by a survey to measure living standards financed by the World Bank and was an outcome of the policy planning document entitled "Sustaining the incomes and living standard of the poor during adjustment: an action programme for Jamaica, 1988-1992", which was spearheaded and co-ordinated by UNICEF in 1987 with the involvement of the United Nations Development Programme (UNDP), the World Food Programme (WFP) and the Regional Employment Programme for Latin America and the Caribbean of the International Labour Organisation (ILO). The Government revised the document, and it is now called the human resources and development programme, financed by the World Bank for approximately $30 million, starting in 1989. Basic data are being obtained through a poverty-mapping project supported by UNICEF and other donors. Data are being made available to planners and policy makers on a timely basis so that necessary corrective action can be taken. Findings are being fed back to sectoral ministries.

17. Following Hurricane Gilbert in 1988, emergency assistance was provided in the form of essential water purification tablets. Further assistance was provided for sanitation, health and shelter, with a particular focus on urban areas.

18. UNICEF has undertaken an active advocacy role on behalf of children and women in the context of country programme activities, which has been supported by studies, operational research and experience exchange. This wider advocacy role included assistance in commissioning Jamaican input for the Caribbean Parliamentarians Conference on the Rights of the Child held in Barbados in September 1989.

19. All of the preceding activities have been monitored regularly by the implementing agencies and UNICEF, with final evaluations conducted by outside evaluators. An evaluation of the selected interventions in the PHC project (1984-1989) revealed that most targets were met or exceeded, but that CDD and health education in primary schools needed further attention. In 1989, a complete review of past assistance was undertaken by the Planning Institute and UNICEF.

20. Each year there is a meeting of health staff from the Ministry of Health, all parishes, UNICEF, the Pan American Health Organization (PAHO) and the United States Agency for International Development (USAID). Each parish prepares a report on its progress and problems for the annual review and parishes with particularly innovative experiences, usually in social mobilization or operational research, are invited to give presentations. A UNICEF trophy is awarded to the parish with the best MCH service delivery indicators. This exercise has led to improved personnel motivation through inter-parish immunization competitions and the identification of problems needing attention.

21. The urban basic services project co-ordinator prepares quarterly activity reports, and government and NGO personnel involved in the project meet monthly. A final evaluation with recommendations for a new project is conducted by participants from the nine communities. The Project Analysis and Monitoring Company reviews expenditures every quarter.

22. A case study of health education in primary schools was prepared and presented at the Caribbean Parliamentarians Conference in 1989.

Lessons learned

23. UNICEF experience has shown that achievements are possible despite severe reductions in social service expenditure. Communication strategies can be designed to motivate people to take actions that will reduce the burden on already over-extended services. Traditional and non-traditional forms of communication and social mobilization were effectively used to transmit health messages. The promoters of the Convention on the Rights of the Child have built an expanded network of allies for future social mobilization activities.

Country programme preparation process

24. An in-depth review of UNICEF assistance in the previous programme period was conducted by an independent consultant for the Planning Institute of Jamaica and UNICEF. Final evaluations of the urban basic services and selected child care were included in the review.

25. A situation analysis was conducted by UNICEF and the Planning Institute, and secondary source research was done in the areas of women, children, health, communications and the economy. Findings were discussed at a one-day workshop that was attended by all levels of staff of the relevant government ministries and the heads of NGOs dealing with children. The government review was published by UNICEF.

26. The new country programme was developed based on the above two exercises, the Government's five-year development plan and the report on the strategies for children in the 1990s that was approved by the 1989 UNICEF Executive Board. The proposed activities are in line with stated government priorities and have been tentatively recommended for the draft five-year plan. Projects were designed through a joint consultative process and involved UNICEF, government ministries, the Planning Institute of Jamaica, NGOs and beneficiaries.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1994

Recommended general resources: $1,500,000
Supplementary funds: $4,400,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	250	2 450	2 700
Women-centred programme	30	1 010	1 040
Children in especially difficult circumstances	40	940	980
Advocacy and programme support	1 180	-	1 180
Total	1 500	4 400	5 900

a/ The breakdown for estimated yearly expenditure is given in table 2.

b/ In addition, there are also funded supplementary-funding projects shown in table 2.

27. The overall goal of the country programme is to develop and protect children and women of low-income families through public education, policy development and improved service delivery. The Government has requested UNICEF assistance in the areas of PHC, children in especially difficult circumstances, women and development and advocacy. This is a continuation of previous co-operation, as well as an expansion into two new areas of growing concern to children - social health, such

as child abuse, and teenage pregnancy. Core activities in each project will be funded from general resources, and complemented by supplementary funds.

Primary health care

28. UNICEF co-operation will be provided to assist the Government in reducing maternal and perinatal mortality and morbidity by making it possible for the target population to improve their own health through increasing knowledge of diarrhoeal disease, immunization, breast-feeding and safe motherhood. UNICEF assistance will also serve to enhance government capacity to deliver more preventive, educational and curative services to mothers and children.

29. The government objectives are (a) to reduce the maternal mortality rate from 110 to 100 per 100,000 live births; (b) to increase the number of pregnant women initiating antenatal care to 80 per cent by the sixteenth week of pregnancy and to increase the number of clinic visits to five per woman; (c) to increase tetanus toxoid coverage for pregnant women from 50 to 80 per cent by 1991; (d) to reduce perinatal mortality by 15 per cent; and (e) to increase full breast-feeding at six weeks from 48 to 60 per cent and to encourage full breast-feeding for four to six months. UNICEF will provide financial support for training, supplies and equipment, as well as assistance through social mobilization efforts. MCH services are targeted at children aged 0-4 years (295,500) and women aged 15-49 years (600,000), including 60,000 pregnant women.

30. Jamaica has set an immunization coverage goal for children under one year old of 100 per cent by 1990. UNICEF will contribute to the achievement and maintenance of this coverage goal by assisting the strengthening of the cold chain, providing needles and syringes and assisting supervision and monitoring.

31. UNICEF inputs into the CDD programme will consist of training and the provision of cups, spoons and pitchers for the oral rehydration salts units of health facilities. The objective of this programme is to maintain case fatality from acute diarrhoeal diseases at less than 1 per cent, to increase ORT access from 72 to 100 per cent for children under five years old and to increase coverage from 67 and 66 per cent in hospitals and health centres, respectively, to 100 per cent by 1994, with a marked improvement in the quality of service provided. UNICEF will also support the development and dissemination of printed material on the prevention of diarrhoea through hygiene and the use of clean water.

32. A programme to include child health in school curricula island-wide will continue, reaching nearly 800 primary and all-grade schools which serve 330,000 schoolchildren, or 98 per cent of the estimated population in the 6 to 11-year-old age-group. UNICEF will provide technical expertise, and will contribute to the costs of textbook development and printing.

33. MCH activities will be carried out as an integral part of the government PHC approach. Community health agents will again become part of the health service network with UNICEF support. These costs will gradually be taken over by the Government. All supervisory and service delivery functions, with few exceptions,

will be performed by regular full-time staff. Health care cost-recovery studies are presently under way.

34. The Bureau of Women's Affairs and the Ministry of Education will be key partners of the Ministry of Health and will offer health services through their network of over 365 PHC centres and selected public hospitals.

35. Relevant, easily understandable information on MCH issues, such as those contained in Facts for Life, will be made available so that people can assist in their own health care. Religious groups, youth groups, women's groups and NGOs will be mobilized to improve the health status of children and women. Specifically targeted issues will include maternal and perinatal care, breast-feeding, immunization and CDD.

36. An important monitoring tool will be the monthly clinic summary reporting system, which will provide statistical information on the impact of PHC services such as antenatal and post-natal visits, immunization and ORT. The data collection component is also strengthened by the institution-based system for monitoring the status of vulnerable groups.

37. UNICEF co-operation complements that of other donors in the health sector including the World Bank, the Inter-American Development Bank, PAHO and the Government of Italy. They support improvements in physical facilities, organization and management.

Women and development

38. The women and development programme will mobilize women collectively to meet basic needs such as health, education, employment, housing, self-esteem and safe environment for themselves and for their children by taking advantage of the mass media and other means of communication. The programme will reach about 80 per cent of the women in the lower 70th income percentile.

39. UNICEF will provide educational information, in print and audio-visual form, on health, nutrition, early childhood development, better parenting etc., through a network of women's organizations.

40. Given the high incidence of adolescent pregnancy and its negative effects on mothers and children, UNICEF will co-operate with the Bureau of Women's Affairs, responsible for implementing this component, as well as with the Ministries of Education, Health and Youth and Community Development to address this problem.

41. The adolescent pregnancy project aims to reduce teen-age births from 28 to 20 per cent of live births by providing education and counselling that will enable adolescents to make better informed parenting choices. It seeks to reach adolescents in and out of schools and their parents. It will address 235,700 students of all-age schools over the five-year period of the project, focusing for the first year on the parish of St. Thomas. The project will be directly linked to similar programmes in other Caribbean countries. UNICEF support will include the training of community volunteers as counsellors, the provision of

supplies to centres for women and adolescent mothers and the printing of resource materials for use in all-age schools.

42. While the UNICEF programme focuses on the unique area of enabling young people to make better parenting choices, both USAID and the United Nations Population Fund (UNFPA) provide contraceptives and family life education. The Canadian International Development Agency (CIDA) provides assistance to the Bureau of Women's Affairs for institutional strengthening and training.

43. There are 295,500 children aged 0-4 years island-wide who require day-care services. Most of them, along with their mothers, could benefit from home-based nurseries. To meet this need, a home-based nurseries project will be implemented by the Day-Care Unit in the Children's Services Division of the Ministry of Youth and Community Development with the support, especially at the grass-roots level, of the Bureau of Women's Affairs. Its objective is to provide day-care coverage to 25 per cent of 0-4 year olds, or approximately 74,000 children, while providing training and employment for women.

44. UNICEF will support the training of community leaders to counsel adolescents, as well as the training of selected mothers to manage home-based nurseries. UNICEF will also provide toys for the nurseries. Fees collected from home-based nurseries will be used to employ the women who have been trained to manage the nurseries. UNICEF will also support the development of a national day-care policy and social mobilization for parental education on the importance of early stimulation. The project will begin with a study of past experience with cost recovery and the ability of the target group to pay for the services.

Children in especially difficult circumstances

45. When government resources cannot adequately address the magnitude of problems facing children in difficult circumstances, a different approach is warranted. This is the case in Jamaica. Consequently, in Jamaica, UNICEF will support a wide advocacy effort on this issue by supporting NGO advocacy groups, disseminating information and supporting action programmes in priority areas such as street children and child abuse. UNICEF will also fund studies to analyse the problem and host nation-wide meetings to support policy development. In addition, UNICEF will help the Child Support Unit in the Ministry of Youth to establish a document research centre.

46. UNICEF will support activities to improve the detection and treatment of child abuse and to upgrade assessment and treatment capabilities. This will be achieved through island-wide public education efforts, expansion of the Child Guidance Clinic at Kingston and the establishment of clinics in Manchester and St. James, where there are more than 440,000 youth in the 0- to 18-year-old age-group.

47. Public awareness of the problems of children in difficult circumstances is increasing in part because of past promotion in Jamaica and in the Caribbean of the Convention on the Rights of the Child, the alarmingly high number of child abuse cases being reported, media reports of unsupervised young children who die in home

fires and traffic accidents and the wide analytical coverage of the situation of children and women in Jamaica.

48. As a result of the successful collaborative efforts which led to government support of the Convention on the Rights of the Child, NGOs will promote its ratification and implementation, by increasing the level of knowledge of and interest in children's issues among the general public and policy makers. NGOs which undertake advocacy on behalf of children and the government agency responsible for children's services will be strengthened to develop and implement a national policy on children.

49. The development of a national policy on children should improve the flow of resources, especially to needy groups such as abused children, street children and children aged 0-4 years who do not have access to recognized day-care services. Advocacy will also be undertaken to provide more suitable conditions for breast-feeding through the review and reform of laws, public awareness campaigns and the training of NGO and government staff.

50. The Child Support Unit and the Children's Services Division of the Ministry of Youth and Community Development will be responsible for implementation of a national policy on children and for linkages with other projects on advocacy, policy development and infrastructure strengthening. Partners will include governmental agencies and NGOs working with or on behalf of children in especially difficult circumstances. The Ministry of Health is the lead agency for the project to improve the detection and treatment of child abuse.

Advocacy and programme support

51. UNICEF will undertake activities in advocacy, social communication and information. As in the past, there will be studies, operational research, experience exchange and the production of material relative to the programme objectives.

52. The country programme strategy consists of strengthening and targeting local initiatives rather than starting new organizations. Efforts will be made to achieve greater efficiency through improved governmental and NGO co-operation, such as through the Inter-agency Committee on Street Children and increased community participation, such as home-based nurseries.

53. The major constraint will be the lack of counterpart financial and human resources. The Government strongly supports the concept of improving the standard of living of vulnerable groups, but is operating under severe financial limits. Consequently, the Government is searching for the type of low-cost, community-based solutions advocated by UNICEF.

54. The high level of social mobilization, community participation and public education called for in the programme augers well for continued and growing support and sustainability. The addition of child health education to the school curriculum should have a lasting effect.

55. Implementation of the country programme is the responsibility of the Caribbean Area Office in Barbados. A number of staff are posted in Jamaica, with one International Professional officer and several local National Professional and General Service staff, to follow up on day-to-day implementation issues. In addition, two United Nations Volunteers are providing technical assistance to the Government of Jamaica in the areas of health and urban basic services.

56. All projects will be monitored on a regular basis by UNICEF, the Government and NGOs responsible for implementation. The Planning Institute of Jamaica will conduct annual evaluations of the country programme, while mid-term and final evaluations will be conducted by outside consultants.

JAMAICA

Basic data: 1988 and earlier years

			UNICEF country classification
Under-five mortality rate	22	(1988)	Low U5MR
Infant mortality rate	18	(1988)	Low IMR
GNP per capita	$940	(1987)	Lower-middle GNP
Total population	2 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	66	61	63	62
Infant deaths (under 1)	(thousands)	3	1	1	1
Under-five deaths	(thousands)	3	2	2	1
Under-five mortality rate (per 1,000 live births)		51	29	25	22
Infant mortality rate (under 1) (per 1,000 live births)		40	23	19	18

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1978/1985)	Moderate & severe	9	..
	Severe	2	1*
Babies with low birth weight (%, 1982/1985)		10	8*
Children completing primary level (% of first grade, 1980)		80	..

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1976/1982)		74/50/24	95/82/43
Prevalence of wasting (%, 1978/1985)		5	5
Prevalence of stunting (%, 1978/1985)		12	9
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		115	116
Food production per capita index (Index 1979-1981=100, 1980/1988)		99	98
Household expenditure (% of total income, 1980-1985)	All food/cereals	../..	38/..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			6
Access to health services	Total	..	90*
(% of population, 1985)	Urban/rural	../..	../..
Access to safe water	Total	50	96
(% of population, 1980/1986)	Urban/rural	55/46	99/93
Access to adequate sanitation	Total	7	91
(% of population, 1980/1986)	Urban/rural	12/2	92/90
Births attended by trained personnel (%, 1983)			89
Maternal mortality rate (per 100,000 live births, 1981-1983)			110

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	..	51	92	96
	DPT	39	60	91	82
	Polio	37	58	82	83
	Measles	..	64	62	68
Pregnant women (%) immunized against	Tetanus	50	50	50	50

JAMAICA

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	22	(1988)	Low U5MR
Infant mortality rate	18	(1988)	Low IMR
GNP per capita	$940	(1987)	Lower-middle GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	101/94	105/..
(%, 1980/1987)	Male	100/93	104/..
	Female	101/95	106/..
Secondary enrolment ratio (gross/net)	Total	59/57	65/..
(%, 1980/1987)	Male	55/54	62/..
	Female	63/60	67/..
Adult literacy rate, 15 years & older	Total	92	
(%, 1980)	Male/female	90/93	../..
Radio/television sets			
(per 1,000 population, 1980/1987)		368/77	400/108

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	1.9	2.2	2.3	2.4	2.9
Population aged 0-15 years	(millions)	..	0.9	0.9	0.9	0.9
Population aged 0-4 years	(millions)	..	0.3	0.3	0.3	0.3
Urban population (% of total)		42	47	49	51	59
Life expectancy at birth (years)	Total	67	71	73	74	76
	Male/female	66/69	69/73	71/76	71/77	74/79
Total fertility rate		5.4	3.7	3.1	2.8	2.2
Crude birth rate (per 1,000 population)		35	28	27	26	19
Crude death rate (per 1,000 population)		8	6	6	6	5

		About 1980	Most recent
Contraceptive prevalence rate		..	52
(%, 1983)			
Population annual growth rate	Total	1.5	1.5
(%, 1965-1980/1980-1988)	Urban	3.4	2.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		-0.1	-2.5
(%, 1965-1980/1980-1987)			
Inflation rate (%, 1965-1980/1980-1987)		13	19
Population in absolute poverty	Urban/rural	../80	.. /..
(%, 1977)			
Household income share	Top 20%/bottom 40%	../..	.. /..
(%)			
Government expenditure	Health/education	8/18	7*/11*
(% of total expenditure, 1977/1986)	Defence	3	8*
Household expenditure	Health/education	../..	3/..
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	136	169
(1980/1987)	As % of GNP	6	6
Debt service			
(% of goods & services exports, 1980/1987)		14	27

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1988-1989

(Thousands of United States dollars)

COUNTRY: JAMAICA
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	33	72		8		15	40	71	73	165	238
Water supply and sanitation		37					21	30	21	67	88
Nutrition								6		6	6
Education				3			1		1	3	4
Community organization and development		8	9	26				12	9	45	54
Young child development							5		5		5
Women-centred programme								2		2	2
Emergency	30	29		24			44	50	74	103	177
Planning and project support	16	14	1		99	108	53	58	170	180	349
Freight	9	12							9	12	20
GRAND TOTAL	89	172	10	61	99	122	165	228	362	584	946

GR = General resources.
SF = Supplementary funding.

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: JAMAICA Period covered: 1990-1994	Funding status	1990	1991	1992	1993	1994	Total
Health							
Immunization	GR a/	10	10	10	10	10	50
	FSF	127					127
	NSF		100	100	50	40	290
Control of diarrhoeal diseases	GR	10	10	10	10	10	50
	NSF	80	70	80	100	70	400
Other health	GR	50	40	40	10	10	150
	FSF	34	25				59
	NSF	330	330	370	370	360	1760
Subtotal, health	GR	70	60	60	30	30	250
	FSF	161	25				186
	NSF	410	500	550	520	470	2450
Water supply and sanitation	FSF	12					12
Young child development	FSF	30	15				45
Women-centred programme	GR	10	10	10			30
	FSF	111	132				243
	NSF	190	210	290	200	120	1010
Children in especially difficult circumstances	GR	20	10	10			40
	FSF	68	84				152
	NSF	200	190	260	180	110	940
Advocacy and programme support	GR	200	220	220	270	270	1180
TOTAL	GR	300	300	300	300	300	1500
	FSF	382	256				638
	NSF	800	900	1100	900	700	4400
GRAND TOTAL		1482	1456	1400	1200	1000	6538

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

a/ In addition, an allocation from general resources was made for 1990 ($278,000 for EPI) for approve unfunded supplementary funding programme.

/...

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: JAMAICA	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts		
Local national Professional and General Service established posts		
Operating costs		
Total		
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources		
Supplementary funds	1	195
Local national Professional and General Service project posts		
General resources	3	125
Supplementary funds	3	150
Total	7	470

a/ For information source, see 1990 post authorization table, revised October 1989.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1990/P/L.15
13 February 1990

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Mexico

The Executive Director recommends that the Executive Board approve an amount of $8,050,000 from general resources, subject to the availability of funds, and an amount of $16,420,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme of Mexico for the period 1990 to 1995.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

CONTENTS

Page

THE SITUATION OF CHILDREN AND WOMEN 3

PROGRAMME CO-OPERATION, 1989 4

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1995 6

BASIC DATA 16

List of tables

1. Breakdown of actual expenditure for general resources and supplementary funding under previous co-operation period, 1989 18

2. Planned expenditure for general resources, new supplementary funding and funded supplementary funding 19

3. Staffing from budget and programme funds 20

THE SITUATION OF CHILDREN AND WOMEN

1. Of Mexico's almost 85 million people, more than 40 per cent are children under 16 years of age and about 13 per cent are children under 5 years of age. The population is predominantly urban, with approximately 70 per cent living in cities. More than 30 million Mexicans live in poverty, of whom close to 15 million may be classified as extremely poor.

2. Per capita gross national product (GDP) dropped by 8 per cent between 1980 and 1987. Mexico's foreign debt, the second largest in the developing world, is estimated to be around $100 billion. Although recent negotiations aimed at restructuring the foreign debt will help to alleviate the situation to some degree, Mexico will continue to be a net exporter of capital for many years to come. The internal debt is equivalent to 27 per cent of GDP. Annual debt service payments on this internal debt are almost equal to the country's total expenditure on social programmes and are equivalent to one and a half times the service on foreign debt, or 5 per cent of GDP.

3. The country experienced high inflation during the 1980s, the annual rate topping 100 per cent three times. A strict anti-inflation policy lowered the inflation rate to 52 per cent in 1988.

4. The minimum wage lost half of its purchasing power during the last decade, and now covers 61 per cent of the cost of basic consumption for an average family. In spite of this, in March 1987, approximately 35 per cent of federal government employees earned less than the minimum wage and another 47 per cent earned between one and two times the minimum wage. The loss in purchasing power has been compensated by more family members - especially women - entering the labour market. This, in turn, has caused problems related to the care of young children.

5. Economic adjustment policies have brought social spending cuts from the equivalent of 6.8 per cent of GDP in 1980 to 5.3 per cent in 1988. Expenditure for health dropped from 2.2 per cent of GDP in 1982 to 2 per cent in 1987, while the portion spent on education was slashed from 5.3 per cent of GDP to 3.6 per cent during the same period. As a result, during the last decade, social policy emphasis has been on making better use of scarce resources, and health and education indicators have improved despite the cuts in social expenditure. For example, the share of total first-level health care expenditure increased from 32.2 per cent in 1983 to 43.6 per cent in 1987.

6. The infant mortality rate (IMR) is estimated at 48 per 1,000 live births, and the under-five mortality rate is estimated at 70 per 1,000 live births. The principal causes of infant death are perinatal factors, acute diarrhoeal diseases and acute respiratory infections (ARI). Among children one to four years old, acute diarrhoeal diseases are the primary cause of death, followed by ARI and accidents. All of these ailments are preventable or controllable by simple means.

7. Only 38 per cent of births are attended to in health care institutions. The maternal mortality rate (MMR) was estimated to be 64 per 100,000 live births in 1988 by the Maternal-Child Health Bureau. This figure is based on births in

institutions, and covers only between 50 to 60 per cent of all births. Therefore, MMR may actually be higher, as indicated by United Nations Population Division projections. The principal causes of maternal mortality toxaemias, haemorrhages, complications at birth and miscarriages are also preventable or controllable.

8. In June 1987, a national evaluation of the nutritional status of children under five years of age revealed that 55 per cent were malnourished to some degree, and 13 per cent were severely malnourished. A mere 1.36 per cent of total investment is destined to the agricultural sector in spite of the fact that this sector generates 9 per cent of total GDP. Government anti-inflation policies have kept the rise in prices of agricultural products 39 per cent behind the average increase in the overall price index. This is not as good for the consumer as it may appear, because food production has declined in recent years as the population continued to grow.

9. One fifth of all dwellings in Mexico do not have running water, and 40 per cent have no installations for disposing of excreta or use a cesspool.

10. The number of children between the ages of four to five years currently enrolled in pre-schools increased from about 25 per cent in 1980-1981 to over 60 per cent in 1987-1988. Practically all children begin primary education, but only 54.7 per cent complete the entire six years of study. There are rural regions where the complete primary cycle of education is not available.

11. The fight against poverty is a high priority of the national development plan (1989-1994), and it is carried out by the National Solidarity Programme (Programa Nacional de Solidaridad). It focuses on marginal urban and rural zones and those inhabited predominantly by Indian populations. It aims to improve living conditions, with special emphasis on diet, housing, education, health, productive activities and basic services such as water and sanitation. The plan includes participation by the communities that will benefit from the programme.

PROGRAMME CO-OPERATION, 1989

12. The 1985-1988 programme of co-operation was extended through 1989 to allow the incoming Administration to assist in the preparation of the new country programme. Co-operation in the period 1985-1987 focused on activities undertaken on a local scale and on a pilot project basis. From 1987 to 1989, a country-wide impact was actively sought through commitments with government counterparts, support to communal participatory schemes and social policy actions.

13. The main areas of co-operation were child survival and development (CSD), consisting of immunization, the control of diarrhoeal diseases (CDD) and ARI and maternal and child health (MCH). Actions were characterized by a strong emphasis on educational communication and social mobilization. While CSD was a nation-wide programme, special attention was given to the States of Guerrero, Mexico and Oaxaca. A number of the achievements of this project merit special mention: (a) the co-ordination of efforts among different international and bilateral co-operation agencies within a single planning framework; (b) the degree of

complementarity and co-ordination achieved among the different national institutions which share health care responsibilities; (c) the level of institutional and social mobilization achieved for vaccination campaigns, resulting in the vaccination of about 2 million children under one year of age during each campaign; and (d) proof of the possibility of success for national-scale projects as seen through projects carried out during this period.

14. Another important element of this period of co-operation was the project for children in especially difficult circumstances. The project was initiated in 1985, expanded to nine states in 1987, and then to 24 states by 1989. By the beginning of 1989, nearly 58,000 street children had been reached, and preventive actions had been carried out in 133 areas through 1,482 street educators and more than 33,000 parents. The expansion of coverage and the development of specific methodologies for action have improved the situation of many of Mexico's street children.

15. Activities designed to provide the States of Guerrero and Oaxaca with basic water and sanitation services were based on the positive results of previous co-operation. During 1987-1989, 179 drinking water distribution systems were built and another 51 under construction were scheduled to be completed by the end of 1989. UNICEF co-operation in water supply has led to the execution of a similar project with financing from the Inter-American Development Bank (IDB) and has demonstrated that responsibilities for financing and executing these projects can be successfully shared with the State and municipal governments.

16. A study entitled "Adjustment with a Human Face: the Case of Mexico", begun in 1988, is making public officials and the general population more aware of how the economic crisis has affected the living conditions of the poorer population.

17. UNICEF approved the "popular kitchens" project through its Special Adjustment Fund facility for Latin America and the Caribbean as a way to help the Government to combat poverty. The objective is to improve the nutrition of social groups most affected by the economic crisis, particularly the urban poor. More than 50 popular kitchens have been established, benefiting 20,000 people, one third of whom are children.

18. The bulk purchase and preparation of food in community kitchens has reduced the food expenses of participating families by 30 to 40 per cent and has improved the nutritional content of their daily diet. These achievements assume considerable importance in view of the fact that the consumption capacity of poor families has been reduced by 50 per cent compared to 1982 levels as a result of the economic crisis. The pilot experience has helped the Government in defining its policy with respect to this compensatory programme (see also paras. 55-58 below).

Lessons learned

19. UNICEF advocacy and technical advisory efforts in the design of national policies aimed at improving the situation of women and children have opened the doors for participation in nation-wide programmes for immunization, acute diarrhoeal diseases, ARI, MCH and children in especially difficult circumstances. Both UNICEF and its government counterparts have gained valuable experience in building upon pilot projects to achieve national coverage.

20. Administrative capacity is crucial to the success of UNICEF co-operation. The majority of projects executed during the programme period have proven administrative capacity and this has been taken into account in developing the proposed programme. Support for national capacity-building has been included where this capacity is known to need strengthening to ensure continuity and maintenance of programme activities beyond UNICEF assistance.

RECOMMENDED PROGRAMME CO-OPERATION, 1990-1995

Recommended general resources: $8,050,000
Supplementary funds: $16,420,000

Recommended programme co-operation a/

(Thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health (child survival and immunization)	4 568	8 521	13 089
Child-care centres	1 231	722	1 953
Children in especially difficult circumstances	273	2 549	2 822
Women in development	451	1 416	1 867
Nutrition (community kitchen)	-	1 194	1 194
Education	750	476	1 226
Support of social policies	490	-	490
Water supply and basic sanitation	287	1 542	1 829
Total	8 050	16 420	24 470

a/ The breakdown by estimated yearly expenditure is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

Preparation of the proposed programme of co-operation

21. The proposed programme of co-operation is the result of a rigorous programming process by the UNICEF Mexico Office and the Government of Mexico, which included analysis, joint programming sessions and in-country and regional reviews.

22. One of the key inputs was an analysis of the current economic and social situation of the country with emphasis on the condition of the poorer classes of society by the Secretariat of Programming and Budgeting. The findings are contained in the study entitled "Adjustment with a Human Face: the Case of Mexico" (5 volumes) dated November 1988. This document is in the process of being reviewed and validated by the new Secretariat of Programming and Budgeting authorities.

23. The proposed programme co-operation has been developed within the framework of the National Solidarity Programme, which seeks to address the issue of critical poverty. The UNICEF programme of co-operation has a target population, areas of intervention and participatory methodologies in common with the Programme, thus increasing its political feasibility.

24. The goal of the country programme is to improve the quality of life of the poorer social strata, with special attention to women and children, and to strengthen institutional capacity for addressing these problems.

Strategic programming criteria

25. The programme is designed to carry out large-scale actions, at the State or national level, in order to yield significant results on a massive scale in terms of CSD. The areas in which institutional efforts will be concentrated have been prioritized to avoid the dispersal of resources and the dilution of action.

26. Programmes will be supported by social mobilization to promote the participation of government agencies and non-governmental organizations (NGOs), and by the community at large to develop actions focusing on children and mothers. The programme will encourage the transfer of knowledge and alternative technologies to communities thus enabling them to solve problems caused by poverty.

27. A key criteria for programme development is the multisectoral and inter-institutional co-ordination of efforts to avoid duplication and waste and to decrease costs while allowing for a more efficient use of capacity through a search for new alternative solutions.

Child survival and development

28. CSD will continue to be a UNICEF priority. The overall objective is to reduce the risk of illness and death for children under five years of age and to promote their integral development. UNICEF co-operation will focus on the key areas of immunization, the control of ARI, CDD, MCH and health education at the national level.

29. The expanded programme on immunization aims to eradicate the polio virus, as well as to control the spread of other immuno-preventable diseases. In 1986, intensive phases of vaccination were replaced by national vaccination days against poliomielitis. Following the success of State-wide multiple vaccine campaigns in 1987, as of 1988, national vaccination days included the entire scheme of vaccines. Annual epidemiological goals have been set, as have coverage goals for both the permanent vaccination programme carried out by the institutions of the national health system and the intensive vaccination campaigns scheduled immediately prior to the peak times for the diseases. Special emphasis will be placed on infants under one year of age.

30. The Ministry of Health is responsible for mobilizing the entire national health system. Operational co-ordination is provided by the General Bureau of Preventive Medicine. UNICEF assistance has been requested for training, equipment, supplies and technical support.

31. An inter-agency support committee, comprised of the World Health Organization/Pan American Health Organization (WHO/PAHO), Rotary International, the United States Agency for International Development (USAID) and UNICEF, was established to provide technical and complementary financial assistance.

Control of acute diarrhoeal and respiratory diseases

32. Between 70 and 80 per cent of the cases attended to each day in public health care institutions are patients suffering from acute diarrhoeal diseases or ARI. Although the incidence of these two ailments is declining, they still cause 50 per cent of the deaths of children under five years of age.

33. With UNICEF co-operation, the Government goal is to reduce the mortality due to diarrhoeal diseases by 30 per cent and deaths caused by ARI by 35 per cent as compared to the 1989 rates. Activities will be carried out on a national scale and will involve all children under five years of age, with special emphasis on children in the 12 States where the incidences of acute diarrhoeal diseases and ARI are especially high.

34. Activities supported by UNICEF will include the preparation of normative manuals to be distributed to all operational service and training institutions, the training of State-employed personnel on the use of oral rehydration salts, the utilization of mass media in order to reach and mobilize the country's entire population with regard to the treatment of ARI and acute diarrhoeal diseases and the training of mothers and the marketing of ARI/CDD inputs through the distribution network of the National Company for the Procurement of Popular Commodities.

35. The General Bureau of Preventive Medicine is responsible for establishing norms and co-ordinating implementation of this project. It will be supported by other general offices within the same ministry, as well as by the entire national health system. Other co-operating agencies include WHO/PAHO and the USAID Primary Health Care Technology Project.

Maternal and child health

36. UNICEF co-operation in the area of MCH was initiated in 1989, and will be expanded and consolidated during the new period of co-operation. UNICEF will provide assistance to the General Bureau of Maternal Child Health with the objective of reducing MMR by one half to 32 per 100,000 live births and IMR by one third to 15 per 1,000 live births.

37. Actions will be undertaken to improve the level of care and system of referrals and to involve the community and beneficiaries in the process. Approximately 6,000 traditional midwives will be trained in the control of pregnancy and the provision of proper medical attention both at the time of birth and after birth. The practice of lodging the mother and new-born infant together in institutional health centres to encourage breast-feeding will be promoted, as will the "mother kangaroo" technique for the treatment of low-birth-weight babies. State-wide refresher training courses will be provided to health personnel and community health workers will also receive training.

Health education

38. Educational health information will be disseminated through the country's radio network and through a 50 per cent increase in the number of television programmes related to MCH care.

39. UNICEF will support national health education efforts by: (a) including Facts for Life messages in the 85 million text books distributed free of charge annually through the public school system and including the same content in the curriculum of teachers' training institutions; (b) encouraging municipal government and community participation in the improvement of public services, particularly basic sanitation and water supply; and (c) addressing problems such as the disintegration of the family and substance abuse, i.e., establishing two anti-tobacco clinics per State and supporting the Alcoholics Anonymous programme.

40. The General Bureau of Health Education, created in 1989, is the executing organ. UNICEF will provide technical and financial co-operation for programme aspects related to communications and social mobilization in the above-mentioned areas.

Child survival and development in Guerrero and Oaxaca

41. About 5.5 million people live in the States of Guerrero and Oaxaca, a predominately rural population with many Indians. According to nearly every social indicator, their problems are nearly twice as severe as the national average.

42. UNICEF has been requested to continue co-operation to reinforce the nation-wide CSD actions in Guerrero and Oaxaca. Immunization efforts will be intensified, as will the use of oral rehydration therapy (ORT) for CDD, the treatment of ARI, MCH care and the training of health care volunteers and high-level health care officials.

43. In Oaxaca, the experiences of 743 committee-operated health houses will serve as the basis for the gradual expansion to 4,429 localities with populations under 2,500. In Guerrero, support will be provided to health workers in the form of training and supervision of a mobile team (one physician, three nurses, one sanitary technician and interpreters). Each year 40 new communities will be added to this project. Community health work will be reinforced in both States through the use of the mass media, including radio broadcasts recorded in Indian dialects.

44. State departments of health, in co-ordination with other state-level organs, will be responsible for the execution of these activities. UNICEF inputs will be principally financial support for training and health-related supplies and equipment.

Backyard nurseries

45. An estimated 28 per cent of potentially active women have joined the labour market and are now employed in money-earning activities to compensate for the loss of purchasing power caused by the economic crisis. This has given rise to problems related to the care of the small children of working women, given the practically total absence of child-care centres in poorer zones. Accidents constitute the third most important cause of death in children under five years of age.

46. To address those problems, the National Council of Volunteers will establish "backyard" nurseries in homes located in low-income areas to be operated by caregiver mothers who have received training for this purpose. Some 2,820 such backyard nurseries will be established over the next five years to benefit 28,200 children under six years of age.

47. These nurseries will be located close to the child's home and will provide the child with attention, a balanced diet, a clean, healthy environment and psycho-social stimulation to assure proper development.

48. Each of the mother caregivers will receive a subsidy equivalent to 50 per cent of the minimum wage and contributions equivalent to 10 per cent of the salaries of the working mothers who leave their children in their care. In the event that the homes to be used as day-care centres are in need of modifications or repair, the mother caregivers will be granted loans to be automatically deducted in 24 parts from their subsidy.

49. UNICEF will support the National Council of Volunteers, which will be directly responsible for the execution of this programme through demonstrations, training, the elaboration of didactic material and evaluatory studies.

Children in especially difficult circumstances

50. UNICEF has been co-operating with the National Family System since 1983 in a programme to improve the living conditions of street children and to prevent more children from entering their ranks. Coverage was expanded from seven states in 1987 to 24 States in 1989, and the proposed programme will extend coverage nation-wide.

51. UNICEF co-operation will be provided to improve institutional capacity to prevent child abandonment and to generate resources for protecting and aiding abandoned children. Special emphasis will be placed on aiding their access to education, health, proper diet and recreation.

52. Detailed studies will be undertaken on the situation of children in the big cities and in border, tourist and oil-producing areas. The findings will serve as the basis for a public awareness campaign and for soliciting public support for programmes to aid these children.

53. Six National Family System technicians per state will receive training; vocational training workshops will be established; and the teaching skills of personnel will be upgraded. Training and awareneses-creating workshops for street educators and co-ordinators will also receive UNICEF support. In order to develop more sensitive responses to the realities of the children, a team of 20 people in each State will be trained in participatory methodologies for working with children at risk and producing the necessary support materials.

Women in development

54. UNICEF support to improve the living conditions of women will focus on urban women affected by the economic crisis and on rural Indian populations.

55. The popular community kitchen (see paras. 17 and 18) has led to a reduction in the time which women normally must spend in domestic tasks. As a result, women have more time for income-generationg activities and to engage in MCH care, which will enhance the child's development.

56. Supplementary funds will be sought to expand the community kitchen project to install a total of 800 kitchens benefiting 200,000 people by 1995. UNICEF will provide equipment and supplies for the establishment of the kitchens.

57. Community kitchens will serve as a focus for other activities in support of women. Participating mothers will be trained in productive activities and can receive credit to start up those activities. They will also be trained in MCH care and child development.

58. The National Family System will co-ordinate the input of the Secretariat of Programming and Budgeting, the Ministry of General Controllership, the Ministry of Health, the Department of the Federal District, the National Company for the Procurement of Popular Commodities, the National Council of Volunteers and the National Indian Institute in the implementation of the community kitchens. A national steering committee and a national technical committee have been formed with representatives of each of the participating bodies. These committees will be established at the state level once the pilot project has been extended.

59. There are an estimated 3.3 million Indian women in Mexico. The vast majority of them live in rural areas, speak Indian dialects and constitute the most marginal group in the country. In 1989, UNICEF initiated the programme in support of Oaxacan women in the State of Oaxaca to organize, promote and train Indian women in

life-skills and time-saving technologies. This co-operation will be continued under the new programme of co-operation and will possibly be extended to other states.

60. Some 150,000 Indian women will benefit from the time-saving and appropriate technologies, including the storage of basic grains and the expanded use of elevated stoves. UNICEF will principally support training activities and the provision of supplies.

Support for social policies

61. UNICEF financial and technical assistance is requested to help to design social policies aimed at benefiting the more vulnerable groups of society. As a result of the economic crisis, and in spite of the efforts of the Government of Mexico, public expenditure in the social sector declined from 6.8 to 5.3 per cent of GDP between 1980 and 1988. The Mexican population grew by nearly 15 million people during the same period, thus increasing the number of poor. Thus, more people, with graver problems, must be assisted with fewer resources.

62. UNICEF will provide technical assistance and support to identify, quantify and localize the most vulnerable social groups on "poverty maps". The impact of current economic and social policies on poverty will be investigated. The development of social indicators for timely and periodic monitoring of poorer groups, as well as of simple instruments to ensure that subsidy policies will be undertaken, will also be examined. State officials will receive technical training in programming and administrative methods and techniques to be applied to social policy design and execution.

63. Co-operation in this area will aim to demonstrate that programmes geared to the economic recuperation of the poor are a sound investment. An improvement in the situation of the poor would incorporate 30 million consumers into the market which, in turn, would energize the economy as a whole and employment in particular.

64. The executing organism will be the Secretariat of Programming and Budgeting, in co-ordination with state-level planning agencies. UNICEF will provide technical and financial assistance.

Education

65. Education is characterized by inequalities of supply and utilization of educational services among the different socio-economic groups, thus intensifying their differences. Public spending for education was cut by 35 per cent between 1982 and 1987 in spite of efforts by the Government to improve different areas of the education system. Teachers are an underutilized resource, who, if used to their full advantage, could serve as a catalyst for social development. In 1988, there were 556,000 teachers in the pre-school and primary levels alone.

66. UNICEF co-operation in education will seek an approach more in line with the country's immediate needs that focuses on reducing existing inequalities.

67. To achieve this, Facts for Life will be included in school texts as mentioned in paragraph 39 above and incorporated in the curricula of teacher-training institutions and the mechanisms for supervision. UNICEF will support the training of 50,000 primary school teachers in this subject area and will absorb the costs of including the messages in school texts.

68. Emphasis will also be placed on formulating more efficient alternatives and methodologies for basic rural education, where the disparities of supply and utilization are most severe. An educational approach that responds more effectively to the immediate needs of the rural population will be promoted. UNICEF will support the testing of innovative methodologies for rural education in the States of Guerrero and Oaxaca to complement other UNICEF-assisted interventions.

69. The executing organ will be the Ministry of Public Education. Technical co-operation will be provided by the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP) and UNICEF.

Drinking water supply and basic sanitation

70. The vast majority of rural communities, especially Indian communities, lack drinking water supply and excreta disposal systems. As a result, infectious diseases, especially diarrhoeal diseases, are the leading cause of death in children.

71. UNICEF has been requested to continue co-operation to provide clean drinking water and basic sanitation in Guerrero and Oaxaca, in particular, and to improve the living conditions of the rural population, in general.

72. UNICEF and the state governments plan to construct 1,450 water distribution systems, benefiting 1,178,500 people, through the provision of equipment, supplies and technical support and the training of local water committees to manage and maintain the water systems. To address sanitation needs, more than 20,000 latrines will be built.

73. The communities served by this project will be trained in organization, participation, sanitation skills and environmental improvement. Leaflets and other audio-visual materials will be prepared for the training activities. Messages will be complemented and reinforced through the use of local radio stations, which will transmit messages in Indian dialects.

74. The project will be co-financed by the federal Government, the Governments of each respective municipality and State, UNICEF and the beneficiary communities. These communities will provide non-skilled labour, locally available materials and maintenance and repair of the systems. Water supply and sanitation will complement CSD and women's activities to be implemented in the same regions with UNICEF support.

Institutional organization

75. The official counterpart for co-ordinating UNICEF co-operation is the National Family System. There will be a national steering committee, comprised of National Family System, the UNICEF representative and the highest authorities of each of the executing organs. This committee will meet twice a year in order to approve and evaluate the plans of action. An executive co-ordinating committee will also be established. This committee, composed of the General Director of the National Family System and the UNICEF representative and/or officials designated by them, will attend to issues that require more immediate action.

76. Each project will have a project directive committee, which will be led by the highest official of the executing organ, with the UNICEF representative or his delegate and a delegate from the National Family System as members. This committee will meet every six months and will be called upon to prepare a plan of action, co-ordinate its execution, prepare reports for the National Steering Committee and evaluate past work. Each project will also have a technical committee which will meet quarterly and which will be responsible for the execution of actions, follow-up, evaluation, reprogramming and reports to the project directive committee.

77. External evaluations will be carried out during the second semester of the third year of each project, as well as during the final year. These evaluations will measure project impact, the appropriateness of the methodologies and the costs of the measures applied in the project as opposed to traditional services. The mid-term evaluation results will be reviewed by the National Steering Committee in order to introduce any necessary modifications in the programme and to establish strategies to be used during the next period of co-operation.

Feasibility and sustainability

78. UNICEF co-operation is designed to help the country to overcome a situation of overwhelming poverty. The strategies set forth in this programme require fewer resources than traditional strategies. For example, the use of ORT costs four times less than the use of conventional treatments, a savings of $12 million. Similarly, the project for children in especially difficult circumstances comprises actions that are considerably less costly than the conventional strategy of institutionalizing such children. All of these projects are financed from the outset mostly from national resources.

79. From an institutional standpoint, although the country has an infrastructure of services and a capacity for execution that are by far superior to those contemplated in this programme, this structure is much weaker in zones of extreme poverty. This situation is the challenge that must be overcome. The present Administration has expressed its will to address this problem in an effective, determined manner.

80. The internal organizational capacity of UNICEF to provide technical support for this programme of co-operation will require strengthening of technical capacity in certain areas.

Co-operation with other agencies

81. Joint programming in a single, integrated plan has been achieved for immunization, CDD, ARI, MCH and the promotion of health with PAHO/WHO, Rotary International, USAID, the Primary Health Care Technology Project and UNICEF. Similar inter-agency co-operation is foreseen for the women in development projects with the World Food Programme, United Nations Development Fund for Women, UNDP and UNICEF.

82. In other areas, there are established channels for co-ordination, consultation and the exchange of information. Activities related to social policies are supported by the Economic Commission for Latin America and the Caribbean, the Regional Employment Programme for Latin America and the Caribbean, PAHO and UNICEF. The project related to education will receive support from UNESCO, the World Bank, UNDP and UNICEF. IDB has taken advantage of experience derived from the UNICEF-supported water and sanitation project to finance a similar project.

MEXICO

Basic data: 1988 and earlier years			UNICEF country classification
Under-five mortality rate	68	(1988)	Middle U5MR
Infant mortality rate	46	(1988)	Middle IMR
GNP per capita	$1,830	(1987)	Lower-middle GNP
Total population	85 million	(1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1988
Births	(thousands)	2307	2325	2404	2439
Infant deaths (under 1)	(thousands)	171	130	120	112
Under-five deaths	(thousands)	251	193	178	166
Under-five mortality rate (per 1,000 live births)		109	83	74	68
Infant mortality rate (under 1) (per 1,000 live births)		74	56	50	46

		About 1980	Most recent
Underweight children (under 5) (% weight for age)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%, 1978)		15	..
Children completing primary level (% of first grade, 1980/1986)		66	71

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1979)		62/52/36	../../..
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		131	135
Food production per capita index (Index 1979-1981=100, 1980/1988)		100	93
Household expenditure (% of total income, 1980-1985)	All food/cereals		35/..

HEALTH INDICATORS		About 1980	Most recent
ORS use rate (%, 1986-1987)			28
Access to health services	Total	45*	..
(% of population, 1980)	Urban/rural	../..	../..
Access to safe water	Total	72*	77
(% of population, 1980/1986)	Urban/rural	../..	89/47
Access to adequate sanitation	Total	58	58
(% of population, 1980/1986)	Urban/rural	77/12	77/13
Births attended by trained personnel (%, 1987)			94
Maternal mortality rate (per 100,000 live births, 1983)		..	82

Immunization		1981	1985	1987	1988
One-year-olds (%) immunized against:	Tuberculosis	41	16	71	72
	DPT	41	40	62	60
	Polio	85	67	97	95
	Measles	33	64	54	70
Pregnant women (%) immunized against	Tetanus	..	..	..	..

MEXICO

Basic data: 1988 and earlier years

UNICEF country classification

Under-five mortality rate	68	(1988)	Middle U5MR
Infant mortality rate	46	(1988)	Middle IMR
GNP per capita	$1,830	(1987)	Lower-middle GNP

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	120/..	118/100
(%, 1980/1987)	Male	121/..	119/..
	Female	119/..	116/..
Secondary enrolment ratio (gross/net)	Total	47/..	53/44
(%, 1980/1987)	Male	50/..	54/..
	Female	45/..	53/..
Adult literacy rate, 15 years & older	Total	74	90
(%, 1970/1985)	Male/female	78/69	92/88
Radio/television sets			
(per 1,000 population, 1980/1987)		128/54	241/120

DEMOGRAPHIC INDICATORS		1970	1980	1985	1988	2000**
Total population	(millions)	52.8	70.4	79.4	84.9	107.2
Population aged 0-15 years	(millions)	..	32.7	34.5	34.9	37.4
Population aged 0-4 years	(millions)	..	10.6	11.2	11.4	12.0
Urban population (% of total)		59	66	70	71	77
Life expectancy at birth (years)	Total	61	66	68	69	72
	Male/female	61/64	63/69	65/71	66/72	69/76
Total fertility rate		6.5	4.6	3.9	3.5	2.7
Crude birth rate (per 1,000 population)		44	33	30	29	23
Crude death rate (per 1,000 population)		10	7	6	6	5

		About 1980	Most recent
Contraceptive prevalence rate		..	53
(%, 1987)			
Population annual growth rate	Total	3.1	2.3
(%, 1965-1980/1980-1988)	Urban	4.5	3.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		3.6	-1.6
(%, 1965-1980/1980-1987)			
Inflation rate (%, 1965-1980/1980-1987)		13	69
Population in absolute poverty	Urban/rural	../..	../..
(%)			
Household income share	Top 20%/bottom 40%	58/ 7	../..
(%, 1977)			
Government expenditure	Health/education	5/16	1/ 9
(% of total expenditure, 1972/1987)	Defence	4	1
Household expenditure	Health/education	../..	5/ 5
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	56	156
(1980/1987)	As % of GNP	..	..
Debt service			
(% of goods & services exports, 1970/1987)		24	30

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 1. BREAKDOWN OF ACTUAL EXPENDITURE FOR GENERAL RESOURCES AND SUPPLEMENTARY FUNDING UNDER PREVIOUS CO-OPERATION PERIOD, 1989

(Thousands of United States dollars)

COUNTRY: MEXICO
LATEST BOARD APPROVAL: 1989 for 1989-1990
GENERAL RESOURCES: $2,920,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	SF	GR	SF	GR	SF	GR	SF	GR	SF	Total
Health	258	87	253	49	169		759	115	1439	251	1690
Water supply and sanitation	28						19	52	47	52	99
Nutrition			7				9		15		15
Education							66	31	66	31	97
Community organization and development		12				57	127	4	127	73	200
Women-centred programme							79		79		79
Emergency		26				1		55		82	82
Planning and project support	3						168		171		171
Freight	1								1		1
GRAND TOTAL	290	125	260	49	169	57	1226	258	1945	489	2434

GR = General resources.
SF = Supplementary funding.

/...

TABLE 2. PLANNED EXPENDITURE FOR GENERAL RESOURCES, NEW SUPPLEMENTARY FUNDING AND FUNDED SUPPLEMENTARY FUNDING

(Thousands of United States dollars)

Country: MEXICO Period covered: 1990-1995	Funding status	1990	1991	1992	1993	1994	1995	Total
Health								
Immunization	GR	1212	143	186	116	101	100	1858
	FSF	150						150
	NSF	420	567	455	373	375	334	2524
Control of diarrhoeal diseases	GR	122	128	128	116	145	143	782
	FSF	50						50
	NSF	184	232	227	187	188	145	1163
Other health	GR	474	450	483	446	426	407	2686
	NSF	683	944	912	862	765	668	4834
Subtotal, health	GR	1808	721	797	678	672	650	5326
	FSF	200						200
	NSF	1287	1743	1594	1422	1328	1147	8521
Water supply and sanitation	GR	216	100	43	58	43	43	503
	FSF	75						75
	NSF	159	291	284	287	274	247	1542
Nutrition (community kitchen)	NSF			284	287	289	334	1194
Day-care centres	GR	162	243	263	265	236	224	1393
	NSF	146	145	142	115	87	87	722
Education	GR	81	118	118	147	172	195	831
	NSF	44	73	85	129	101	44	476
Women-centred programme	GR	135	93	63	92	102	101	586
	FSF	100						100
	NSF	134	189	227	258	332	276	1416
Children in especially difficult circumstances	GR		57	43	58	58	57	273
	FSF	605						605
	NSF		479	554	502	549	465	2549
Support of social policies	GR	108	68	73	102	117	130	598
TOTAL	GR a/	2510	1400	1400	1400	1400	1400	9510
	FSF	980						980
	NSF	1770	2920	3170	3000	2960	2600	16420
GRAND TOTAL		5260	4320	4570	4400	4360	4000	26910

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

a/ Including $1,460,000 already approved for 1990 and, in addition, $600,000 funded from SAFLAC.

/...

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: MEXICO	Number of posts	1990-1991 amount (Thousands of US dollars)
FINANCED FROM 1990-1991 APPROVED BUDGET:		
International Professional established posts	2	363
Local national Professional and General Service established posts	12	522
Operating costs		480
Total	14	1364
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	6	1173
Supplementary funds	4	700
Local national Professional and General Service project posts		
General resources	9	610
Supplementary funds	4	185
Total	23	2668

a/ For information source, see 1990 post authorization table, revised October 1989.